

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacies
All Prescribers
Managed Care Plans
Nursing Home Administrators

**Memorandum No: 05-09 MAA
Issued: March 1, 2005**

**For More Information, call:
1-800-562-6188**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Prescription Drug Program: Washington Preferred Drug List and Prior Authorization Changes

Effective for claims with dates of service on and after April 1, 2005, *except as otherwise noted*, the Medical Assistance Administration (MAA) will implement the following changes:

- Therapeutic Drug Class Changes to be Implemented as Part of the Washington Preferred Drug List;
- Expedited Prior Authorization (EPA) Changes; and
- Prior Authorization Changes.

Washington Preferred Drug List: Therapeutic Drug Class Changes



Note: MAA changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example: “Cardizem® /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms. A hyphen (-) is used to indicate combination products. For example: “Benazepril-HCTZ” represents the combination product of Benazepril and Hydrochlorthiazide, rather than Benazepril AND the combination product.

Washington Preferred Drug List: Therapeutic Drug Class Changes (cont.)

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	<p>Generic: Atenolol Metoprolol Nadolol Pindolol Propranolol /ER Timolol</p> <p>Brand: Coreg® (<i>carvedilol</i>)* *EPA required</p>	<p>Generic: Acebutolol Betaxolol Bisoprolol Labetalol</p> <p>Brand: Blocadren® (<i>timolol</i>) Cartrol® (<i>carteolol</i>) Corgard® (<i>nadolol</i>) Inderal® / LA® (<i>propranolol</i>) Innopran XL® (<i>propranolol</i>) Kerlone® (<i>betaxolol</i>) Levatol® (<i>penbutolol</i>) Lopressor® (<i>metoprolol</i>) Normodyne® (<i>labetalol</i>) Sectral® (<i>acebutolol</i>) Tenormin® (<i>atenolol</i>) Toprol XL® (<i>metoprolol succinate</i>) Trandate® (<i>labetalol</i>) Zebeta® (<i>bisoprolol</i>)</p>
Proton Pump Inhibitors	<p>Brand: Prilosec OTC® (<i>omeprazole</i>) tablets Prevacid® (<i>lansoprazole</i>) capsules/powder Prevacid® SoluTab (<i>lansoprazole</i>) tablets* *EPA required</p>	<p>Generic: Omeprazole Rx</p> <p>Brand: Aciphex® (<i>rabeprazole</i>) Nexium® (<i>esomeprazole</i>) Prilosec® Rx (<i>omeprazole Rx</i>) Protonix® (<i>pantoprazole</i>)</p>

Expedited Prior Authorization Changes

Effective the week of April 4, 2005, the following drugs require EPA:

Drug	Code	Criteria
Coreg® (<i>carvedilol</i>)	057	Diagnosis of congestive heart failure.
Prevacid® SoluTab (<i>lansoprazole</i>)	050	Inability to swallow oral tablets or capsules.
Zelnorm® (<i>tegaserod hydrogen maleate</i>)	055	Treatment of constipation dominant Irritable Bowel Syndrome (IBS) in women when the patient has tried and failed at least two less costly alternatives.
	056	Chronic constipation when the patient has tried and failed at least two less costly alternatives.

Changes to Expedited Prior Authorization Criteria

Effective the week of April 4, 2005, MAA is making the following changes to EPA criteria:

Drug	Code	Criteria
Lamisil® (<i>terbinafine HCl</i>)		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; <u>or</u>
	052	Patient is immunocompromised.

Drug	Code	Criteria
Sporanox® (<i>itraconazole</i>)		Must not be used for a patient with cardiac dysfunction such as congestive heart failure.
	047	Treatment of systemic fungal infections and dermatomycoses.
		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; <u>or</u>
	052	Patient is immunocompromised.

Drugs Removed from Expedited Prior Authorization

Drug
Toprol XL® (<i>metoprolol succinate</i>)

Drugs Now Requiring Prior Authorization

Drug
Enalapril maleate-HCTZ
Lisinopril-HCTZ
Regranex® (<i>becaplermin</i>)

Drugs No Longer Requiring Prior Authorization

Drug
Anamantle HC® cream (<i>HC acetate/lidocaine HCl</i>)
Benazepril-HCTZ
Fosrenol® (<i>lanthanum</i>)
Tarceva® (<i>erlotinib HCl</i>)
Urimar-T® tablet (<i>mtb/meth blue/phenyl salicy/Na biphos/hyos</i>)

Prior Authorization Contact Information Changes

MAA made the following changes to the contact information providers need in order to obtain prior authorization (PA) for drugs requiring PA. MAA:

- Changed the telephone number providers must call MAA to obtain PA for drugs requiring PA; and
- Added a fax number.

The new section, on page H.3 of MAA's *Prescription Drug Program Billing Instructions*, reads as follows:

How do I obtain prior authorization?

To obtain prior authorization for drug products requiring prior authorization, providers may:

- Call MAA at (800) 848-2842 (option 1); or
- Fax MAA at (360) 725-2141.

New WAC Effective January 30, 2005

On December 30, 2005, MAA amended WAC 388-530-1050, 1100, 1125, 1150, 1200, 1250, 1260, 1270, 1400, 1900, and 1950. These WAC amendments were effective January 30, 2005. MAA has made changes in the *Prescription Drug Program Billing Instructions* to match these WAC amendments. *These changes do not affect the way you currently bill MAA.* The replacement pages are attached to this memorandum.

Billing Instructions Replacement Pages

Attached are replacement pages i/ii, v/vi, 1-8, C.1-C.6, F.1-F.4, G.1/G.2, H.1-H.4, H.7-H.16, J.11/J.12, and N.1-N.6 for MAA's *Prescription Drug Program Billing Instructions*.

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free paper copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov> (Orders filled daily) Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Table of Contents

Important Contacts	vi
Definitions	1
Section A: Drug Program	
What is the goal of the Prescription Drug Program?	A.1
Who may prescribe, administer, or dispense legend drugs and controlled substances?	A.1
Guidelines for completing prescription forms which will be filled by a pharmacist	A.2
Abuse and misutilization.....	A.3
Section B: Client Eligibility	
Types of identification that prove eligibility	B.1
Who is eligible?	B.2
Are Healthy Options managed care clients eligible for pharmacy services?.	B.3
Section C: Coverage/Program Limitations	
What drugs, devices, and supplies are covered ?	C.1
How does MAA determine which drugs to cover?.....	C.2
What drugs, devices, and supplies are not covered ?	C.3
Is there a “days supply” limit?	C.5
How many prescriptions are allowed per month if less than a 34-day supply is prescribed?.....	C.6
Limitations on certain drugs	C.7
Is it possible to receive early refills?.....	C.8
Emergency fills	C.9
Which drugs may be dispensed without a prescription?.....	C.9
Generic drugs	C.9
Voluntary cost per milligram (mg) savings	C.10
Less-Than-Effective drug index	C.11

Table of Contents (cont.)

Section D: Compliance Packaging

What is included in compliance packaging?.....	D.1
How do I determine if a client is eligible for compliance packaging?	D.1
How do I bill for compliance packaging?.....	D.2

Section E: Compounded Prescriptions

What is compounding?	E.1
Which items are not covered for compounding?	E.1
Is prior authorization required for compounded prescriptions?.....	E.2
How do I bill for compounded prescriptions?	E.3

Section F: Therapeutic Consultation Service (TCS)

Overview of TCS	F.1
Drugs excluded from the four brand name prescription per calendar month review	F.1
Preferred drug list	F.2
What should I do when I get a POS computer alert for a TCS review?	F.3

Section G: Special Programs/Services

Tobacco cessation for pregnant women.....	G.1
Clozaril/Clozapine and Related Services.....	G.2
Emergency Contraception Pills (ECP).....	G.3
Emergency Contraception (EC) Counseling.....	G.3
Patient Requiring Regulation (PRR) Program.....	G.5
Prescription service by mail.....	G.6
Pre-filling Syringes	G.8

Table of Contents (cont.)

Section K: Point-of-Sale (POS)

What is Point-of-Sale (POS)?	K.1
Do pharmacies have to use the on-line POS system?	K.1
Do pharmacies need a separate agreement with MAA to use POS?	K.1
What is the time limit for billing?	
Initial claims.....	K.2
Resubmitted claims	K.3
Overpayments that must be refunded to DSHS	K.3
Billing the Client.....	K.3
National Drug Code (NDC)	K.4
Prospective Drug Use Review (Pro-DUR)	K.4
MAA-Recognized NCPDP DUR Codes.....	K.5
Prospective Drug Use Review (Pro-DUR) Edits	K.6
NCPDP Version 5.1 Claim Format.....	K.7
NCPDP Payer Sheet for Washington Medicaid Version 5.1	K.11
Other Information	K.19

Section L: Claim Form Instructions for Hard Copy Billing

Completing the Pharmacy Statement [DSHS 13-714]

General instructions	L.1
Sample: Pharmacy Statement [DSHS 13-714]	L.3

Completing the HCFA-1500 Claim Form for Medicare Part B/Medicaid Crossovers

General instructions	L.5
Sample Medicare Part B/Medicaid Crossover HCFA-1500 Claim Form	L.10

Section M: The Therapeutic Interchange Program (TIP)

What is the Therapeutic Interchange Program?.....	M.1
What is an endorsing practitioner?	M.1
What does this change mean to pharmacies?.....	M.1
When substitutions are not required?.....	M.2
What if a nonendorsing practitioner issues a prescription for a nonpreferred drug?.....	M.2
How does the Pharmacy bill for an endorsing practitioner?.....	M.2

Section N: Washington Preferred Drug List

What is the Washington Preferred Drug List?.....	N.1
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Important Contacts

A provider may contact MAA with questions regarding its programs. However, MAA's response is based solely on the information provided to MAA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern MAA's programs. [WAC 388-502-0020(2)]

Where do I call to submit change of address or ownership, or to ask questions about the status of a provider application?

Call the toll-free line:
(866) 545-0544

Where do I send my hardcopy claims?

Division of Program Support
PO Box 9245
Olympia WA 98507-9245

What is the web site address for pharmacy information?

MAA's Pharmacy Web Site:
<http://maa.dshs.wa.gov/pharmacy/>

How do I find out more about MAA's Prescriptions by Mail program?

Providers Call: 1-888-327-9791
Clients Call: 1-800-903-8369
Or go to MAA's website:
<http://maa.dshs.wa.gov/RxByMail/>

Who do I call for prior authorization?

Pharmacy Prior Authorization Section
Drug Utilization and Review
(800) 848-2842

Backup documentation ONLY must be mailed or faxed to:

Pharmacy Prior Authorization Section
Drug Utilization and Review
PO Box 45506
Olympia WA 98504-5506
Fax (360) 586-2262

Who do I call to begin a Therapeutic Consultation Service (TCS) Review?

Toll Free (866) 246-8504

Who do I contact if I have questions regarding...

Payments, denials, or general questions regarding claims processing, Healthy Options?

Provider Relations Unit
Email: providerinquiry@dshs.wa.gov
or call: (800) 562-6188

Private insurance or third-party liability, other than Healthy Options?

Coordination of Benefits Section
(800) 562-6136

Definitions

This section contains definitions, abbreviations, and acronyms used in these billing instructions that relate to the Medical Assistance program. The definitions are presented as a guide for the provider's use. They are not intended to be inclusive, nor are they intended to inhibit professional judgment.

Active ingredient – The chemical component of a drug responsible for a drug's prescribed/intended therapeutic effect. MAA limits coverage of active ingredients to those with a national drug code (NDC) and those specifically authorized by MAA.

[Refer to WAC 388-530-1050]

Actual acquisition cost – The actual price a provider paid for a drug marketed in the package size of drug purchased, or sold by a particular manufacturer or labeler. Actual acquisition cost is calculated based on factors including, but not limited to:

- Invoice price, including other invoice-based considerations, such as prompt payment discounts;
- Order quantity and periodic purchase volume discount policies of suppliers (wholesalers and/or manufacturers);
- Membership/participation in purchasing cooperatives;
- Advertising and other promotion/display allowances, free merchandise deals; and
- Transportation or freight allowances.

[WAC 388-530-1050]

Administer – the direct application of a prescription drug by injection, inhalation, ingestion, or any other means, to the body of a patient by a practitioner, or at the direction of the practitioner.

[Refer to WAC 388-530-1050]

Appointing authority – For the evidence-based prescription drug program of the participating agencies in the state-operated health care programs, the following persons acting jointly: the administrator of the health care authority (HCA), the secretary of the department of social and health services (DSHS), and the director of the department of labor and industries (L&I).

[Refer to WAC 388-530-1050]

Automated Maximum Allowable Cost (AMAC) – The rate established by the Medical Assistance Administration (MAA) for a multiple-source drug that is not on the maximum allowable cost (MAC) list and that is designated by two or more products, at least one of which must be under a federal drug rebate contract. [WAC 388-530-1050]

Authorization number – A number assigned by MAA that identifies a specific request for approval for services or equipment.

Authorization requirement – A condition of coverage and reimbursement for specific services or equipment, when required by WAC or billing instructions.

Average Wholesale Price (AWP) - The average price of a drug product that is calculated from wholesale prices nationwide at a point in time and reported to MAA by MAA's drug pricing file contractor. [WAC 388-530-1050]

Brand name - The proprietary or trade name selected by the manufacturer and placed upon a drug, its container, label, or wrapping at the time of packaging.

Certified Average Wholesale Price (CAWP) – The price certified by the First Data Bank to be the actual average wholesale price of an infusion, injectable, or inhalation drug marketed by a manufacturer or labeler who is subject to a consent order with the U.S. Department of Justice regarding the reporting of average wholesale price(s). [Refer to WAC 388-530-1050]

Client – An individual who has been determined eligible to receive medical or health care services under any MAA program.

Code of Federal Regulations (CFR) – Rules adopted by the federal government.

Combination drug – A commercially available drug including two or more active ingredients. [WAC 388-530-1050]

Community Services Office (CSO) - An office of the department's Economic Services Administration that administers social and health services at the community level.

Compliance packaging – Reusable, nonreusable drug packaging containers (e.g., Mediset, bingo cards, blister packs).

Compounding - The act of combining two or more active ingredients or adjusting therapeutic strengths in the preparation of a prescription. [WAC 530-530-1050]

Contract drugs - Drugs manufactured or distributed by manufacturers/labelers who have signed a drug rebate agreement with the federal Department of Health and Human Services (DHHS). [WAC 388-530-1050]

Core Provider Agreement – The basic contract between MAA and an entity providing services to eligible clients. The Core Provider Agreement outlines and defines terms of participation in medical assistance programs.

Covered outpatient drug - A drug approved for safety and effectiveness as a prescription drug under the federal Food, Drug, and Cosmetic Act, which is used for a medically accepted indication.

Department - The state Department of Social and Health Services (DSHS).

DESI (Drug Efficacy Study Implementation) – See “Less Than Effective Drug.”

Dispensing fee – The fee MAA sets to reimburse pharmacy providers for dispensing MAA-covered prescriptions. The fee is MAA's maximum reimbursement for expenses involved in the practice of pharmacy and is in addition to MAA's payment for the costs of covered ingredients. [WAC 388-530-1050]

Drug file – A list of drug products, pricing, and other information provided to MAA’s drug database and maintained by a drug file contractor. [WAC 388-530-1050]

Drug rebates – Payments provided by pharmaceutical manufacturers to state Medicaid programs under the terms of the manufacturers’ agreements with the Department of Health and Human Services. [WAC 388-530-1050]

Drug-related supplies – Nondrug items necessary for the administration, delivery, or monitoring of a drug or drug regimen. [WAC 388-530-1050]

Drug Use Review (DUR) – A review of covered outpatient drugs that assures prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes. [WAC 388-530-1050]

Emergency kit - A set of limited pharmaceuticals furnished to a nursing facility by the pharmacy that provides prescription dispensing services to that facility. Each kit is specifically set up to meet the needs of each nursing facility’s client population and is for use during those hours when pharmacy services are unavailable. [WAC 388-530-1050]

Endorsing Practitioner - A provider who has reviewed the Washington preferred drug list (PDL) and has enrolled (see www.rx.wa.gov) with the health care authority (HCA), agreeing to allow therapeutic interchange (substitution) of a preferred drug for any nonpreferred drug in a given therapeutic class on the Washington PDL. [WAC 388-530-1050]

Estimated Acquisition Cost (EAC) – MAA’s estimate of the price providers generally and currently pay for a drug marketed or sold by a particular manufacturer or labeler. [WAC 388-530-1050]

Evidence-based practice center – A research organization that has been designated by the Agency for Healthcare Research and Quality (AHRQ) of the U.S. government to conduct systematic reviews of all the evidence to produce evidence tables and technology assessments to guide health care decisions. [WAC 388-530-1050]

Expedited prior authorization (EPA) - The process for authorizing selected drugs in which providers use a set of numeric codes to indicate to MAA the acceptable indications, conditions, diagnoses, and criteria that are applicable to a particular request for drug authorization. [WAC 388-530-1050]

Explanation of benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Federal upper limit (FUL) – The maximum allowable payment set by the Centers for Medicare and Medicaid Services (CMS) [formerly known as “*HCFA”] for a multiple-source drug. [WAC 388-530-1050]

Generic Code Number (GCN) sequence number – A number used by MAA’s drug file contractor to group together products that have the same ingredients, route of administration, drug strength, and dosage form. It is applied to all manufacturers and package sizes. [WAC 388-530-1050]

Generic name – The official title of a drug or drug ingredients published in the latest edition of a nationally recognized pharmacopoeia or formulary.

Less-than-effective drug or DESI – Those drugs that lack substantial evidence of effectiveness as determined by the Food and Drug Administration (FDA). [Refer to 388-530-1050]

Long-term therapy – A drug regimen a client receives, or will receive, continuously through and beyond 90 days. [WAC 388-530-1050]

Managed care – A comprehensive system of medical and health care delivery including preventive, primary specialty, and ancillary health services. These services are provided through a managed care organization (MCO) or primary care case management (PCCM) provider. [WAC 388-538-050]

Maximum allowable - The maximum dollar amount MAA will reimburse a provider for a specific service, supply, or piece of equipment.

Maximum Allowable Cost (MAC) - The maximum amount that MAA pays for a specific dosage form and strength of a multiple-source drug product. [WAC 388-530-1050]

Medicaid - The state and federally funded Title XIX program under which medical care is provided to persons eligible for the:

- Categorically needy program; or
- Medically needy program.

Medical Assistance Administration (MAA) - The administration within DSHS authorized by the secretary to administer the acute care portion of Title XIX Medicaid, Title XXI state-children’s health insurance program (S-CHIP), Title XVI, and the state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities.

MAA Preferred Drug List (PDL) – MAA’s list of drugs of choice within selected therapeutic drug classes. [WAC 388-530-1050]

Medically accepted indication – Any use for a covered outpatient drug:

- (1) Which is approved under the federal Food, Drug, and Cosmetic Act; or
- (2) The use of which is supported by one or more citations included or approved for inclusion in any of the following compendia of drug information.
 - (a) The American Hospital Formulary Service Drug Information;
 - (b) The United States Pharmacopoeia Drug Information.
 - (c) DRUGDEX Information System.

[Refer to WAC 388-530-1050]

Medically necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly "course of treatment" available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Medicare - The federal government health insurance program for certain aged or disabled clients under Titles II and XVIII of the Social Security Act. Medicare has two parts:

- "Part A" covers the Medicare inpatient hospital, post-hospital skilled nursing facility care, home health services, and hospice care.
- "Part B" is the supplementary medical insurance benefit (SMIB) covering the Medicare doctor's services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and other health services and supplies not covered under Part A of Medicare.

Modified unit dose delivery system – (also known as blister packs or "bingo/punch cards") A method in which each patient's medication is delivered to a nursing facility:

- In individually sealed, single-dose packages or "blisters"; and
- In quantities for one month's supply, unless the prescriber specifies a shorter period of therapy.

[WAC 388-530-1050]

Multiple-source drug - A drug marketed or sold by:

- Two or more manufacturers or labelers; or
- The same manufacturer or labeler:
 - ✓ Under two or more different proprietary names; or
 - ✓ Under a proprietary name and a generic name.

[WAC 388-530-1050]

National drug code (NDC) - The 11-digit number the manufacturer or labeler assigns to a pharmaceutical product and attaches to the product container at the time of packaging. The NDC is composed of digits in 5-4-2 groupings. The first five digits comprise the labeler code assigned to the manufacturer by the FDA. The second grouping of four digits is assigned by the manufacturer to describe the ingredients, dose form, and strength. The last grouping of two digits describes the package size.
[WAC 388-530-1050]

Noncontract drugs - Drugs manufactured or distributed by manufacturers/labelers who have not signed a drug rebate agreement with the federal Department of Health and Human Services (DHHS).
[WAC 388-530-1050]

Nonpreferred drug – A drug that has not been selected as a preferred drug within the therapeutic class(es) of drugs on the preferred drug list. [WAC 388-530-1050]

Obsolete NDC – An NDC replaced or discontinued by the manufacturer or labeler.
[WAC 388-530-1050]

Over-the-counter (OTC) drugs – Drugs that do not require a prescription before they can be sold or dispensed.
[WAC 388-530-1050]

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each MAA client and which consists of:

- First and middle initials (or a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of *numerals only* (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

Pharmacist - A person licensed in the practice of pharmacy by the state in which the prescription is filled. [WAC 388-530-1050].

Pharmacy - Every location licensed by the State Board of Pharmacy in the state where the practice of pharmacy is conducted.
[WAC 388-530-1050]

Point-of-sale (POS) - A pharmacy claims processing system capable of receiving and adjudicating claims on-line.
[WAC 388-530-1050]

Practitioner – An individual who has met the professional and legal requirements necessary to provide a health care service, such as a physician, nurse, dentist, physical therapist, pharmacist or other person authorized by state law as a practitioner.
[WAC 388-530-1050]

Preferred Drug – Drug(s) of choice within a selected therapeutic class **that are selected based on clinical evidence of safety, efficacy, and effectiveness.**
[WAC 388-530-1050]

Prescriber – A physician, osteopathic physician/surgeon, dentist, nurse, physician assistant, optometrist, pharmacist, or other person authorized by law or rule to prescribe drugs. [WAC 388-530-1050]

Prescription - An order for drugs or devices issued by a practitioner authorized by state law or rule to prescribe drugs or devices, in the course of the practitioner's professional practice, for a legitimate medical purpose.
[WAC 388-530-1050]

Prescription drugs (*Legend drugs*) - Drugs required by any applicable federal or state law or regulation to be dispensed by prescription only or that are restricted to use by practitioners only. [WAC 388-530-1050]

Prospective drug use review (Pro-DUR) A process in which a request for a drug product for a particular client is screened, before the product is dispensed, for potential drug therapy problems. [WAC 388-530-1050]

Provider – Any person or organization that has a signed contract or Core Provider Agreement with DSHS to provide services to eligible clients.

Provider number – An identification number issued to providers who have a signed contract(s) with MAA.

Reconstitution – The process of returning a single active ingredient previously altered for preservation and storage, to its approximate original state. Reconstitution is not compounding. [WAC 388-530-1050]

Remittance and status report (RA) - A report produced by the Medicaid Management System (MMIS), MAA's claims processing system, which provides detailed information concerning submitted claims and other financial transactions.

Retrospective Drug Utilization Review (Retro-DUR) - The process in which client's drug utilization is reviewed on a periodic basis to identify patterns of fraud, abuse, gross overuse, or inappropriate or unnecessary care. [WAC 388-530-1050]

Revised Code of Washington (RCW) - Washington State law.

Single source drug - A drug produced or distributed under an original new drug application approved by the FDA. [WAC 388-530-1050]

Skilled nursing facility (SNF) - An institution or part of an institution which is primarily engaged in providing:

- Skilled nursing care and related services for residents who require medical or nursing care;
- Rehabilitation services for injured, disabled or sick clients;

- Health-related care and services to individuals who, because of their mental or physical conditions, require care which can only be provided through institutional facilities;

and which is not primarily for the care and treatment of mental diseases. (See Section 1919(a) of the Federal Social Security Act for specific requirements.)

Systematic review – A specific and reproducible method to identify, select, and appraise all the studies that meet minimum quality standards and are relevant to a particular question. The results of the studies are then analyzed and summarized into evidence tables to be used to guide evidence-based decisions. [WAC 388-530-1050]

Terminated NDC – An NDC that is discontinued by the manufacturer for any reason. The NDC may be terminated immediately due to health or safety issues or it may be phased out based on the product's shelf life. [WAC 388-530-1050]

Therapeutic alternative – A drug product that contains a different chemical structure than the drug prescribed, but is in the same pharmacologic or therapeutic class and can be expected to have a similar therapeutic effect and adverse reaction profile when administered to patients in a therapeutically equivalent dosage. [WAC 388-530-1050]

Therapeutic consultation service (TCS) – The prescriber and an MAA-designated clinical pharmacist jointly review prescribing activity when drug claims for an MAA client exceed program limitations. [WAC 388-530-1050]

Therapeutic interchange – To dispense a therapeutic alternative to the prescribed drug when an endorsing practitioner who has indicated that substitution is permitted, prescribes that drug. See Therapeutic Interchange Program (TIP). [WAC 388-530-1050]

Therapeutic Interchange Program (TIP) – The process developed by participating state agencies under RCW 69.41.190 and 70.14.050, to allow prescribers to endorse a Washington preferred drug list, and in most cases, required pharmacists to automatically substitute a preferred, equivalent drug from the list. [WAC 388-530-1050]

Therapeutically equivalent – Drug products that contain different chemical structures but have the same efficacy and safety when administered to an individual, as determined by:

- Information from the Food and Drug Administration (FDA);
- Published and peer-reviewed scientific data;
- Randomized controlled clinical trials; or
- Other scientific evidence.

[WAC 388-530-1050]

Third party - Any entity that is or may be liable to pay all or part of the medical cost of care of a federal Medicaid or state medical care client. [WAC 388-500-0005]

True unit dose delivery - A method in which each patient's medication is delivered to the nursing facility in quantities sufficient only for the day's required dosage. [WAC 388-530-1050]

Usual and customary charge - The fee that the provider typically charges the general public for the product or service. [WAC 388-530-1050 and WAC 388-500-0005]

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

Washington Preferred Drug List (Washington PDL) – The list of drugs selected by the appointing authority to be used by applicable state agencies as the basis for purchase of drugs in state-operated health care programs. [WAC 388-530-1050]

Coverage/ Program Limitations

What drugs, devices, and supplies *are* covered?

[Refer to WAC 388-530-1100 and 1125]

The Medical Assistance Administration (MAA) covers medically necessary drugs and pharmaceutical supplies when they are prescribed for medically accepted indications, subject to the restrictions described in this billing instruction and other applicable Washington Administrative Code (WAC).



Note: For exceptions to the prescription requirement, see page C.9.

MAA reimburses a provider for drugs only when the manufacturer has signed a drug rebate agreement with the federal Department of Health and Human Services (DHHS). For further information regarding MAA's Drug Rebate Program see Section I - Reimbursement.

MAA covers:

1. Outpatient drugs (generic or brand name).
2. Over-the-counter (OTC) drugs when the drug:
 - a) Is prescribed by a provider with prescribing authority;
 - b) Is a less costly therapeutic alternative;
 - c) Does not require prior authorization; AND
 - d) Is not listed under "What drugs, devices, and supplies are not covered?" on page C.3.
3. Drugs requiring prior authorization when:
 - a) Prior authorized by MAA; or
 - b) The drugs are listed on MAA's published expedited prior authorization (EPA) list, the client meets the EPA criteria for the drug, and the dispensing pharmacist follows MAA's EPA guidelines. (See Section H - Authorization)
4. Oral, topical and/or injectable drugs, vaccines for immunizations, and biologicals, packaged for individual use.
5. Drugs with obsolete national drug codes (NDCs) for up to two years from the date the NDC is designated obsolete, unless the drug is expired.

6. Drugs and supplies used in conjunction with family planning, including drugs dispensed for emergency contraception and nonprescribed OTC contraceptive supplies.

Example: Condoms (including female condoms), vaginal spermicidal foam with applicator and refills, vaginal cream, gel, and jelly (with applicator), and vaginal suppositories.

7. Contraceptive patches, contraceptive rings, and oral contraceptives (excluding emergency contraceptive pills, which are not subject to the at-least-three-month supply limitation), only when dispensed in at least a three-month supply, unless otherwise directed by the prescriber.
8. Prenatal vitamins, only when prescribed and dispensed to pregnant women. Prior authorization is required for pregnant woman outside the age range of 10-40.
9. Fluoride preparations for children under the early and periodic screening, diagnosis, and treatment (EPSDT) program.
10. Drugs, devices, and supplies provided under unusual and extenuating circumstances to clients by providers who request and receive MAA approval.
11. Drug-related supplies as determined in consultation with federal guidelines.
12. Preferred drugs in drug classes on the preferred drug list(s) (see section N).

MAA evaluates requests for drugs, devices, and pharmaceutical supplies that are subject to limitations or other restrictions in these billing instructions on a case-by-case basis. MAA approves the requested services that are beyond the stated limits or restrictions in these billing instructions when MAA determines that the services are medically necessary, under the standards of covered services in WAC 388-501-0165. See Limitation Extensions, page H.19.

How does MAA determine which drugs to cover?

MAA determines if certain drugs are medically necessary and covered with or without restrictions based on evidence contained in compendia of drug information and peer-reviewed medical literature.

Decisions regarding restrictions are based on, but are not limited to:

- Client safety;
- FDA-approved indications;
- Quantity;
- Client age and/or gender; and
- Cost.

Restrictions and limitations may include, but are not limited to:

- **Exclusion of drugs** covered in the nursing facility per diem rate;
- Number of refills within a calendar month;
- Refills requested before 75% of the previously dispensed supply is scheduled to be exhausted; and
- **Quantity and days-supply dispensed.**

What drugs, devices, and supplies are *not* covered?

[Refer to WAC 388-530-1150]

MAA does not cover:

1. Brand name or generic drugs, when the manufacturer has **not signed a rebate agreement** with the federal Department of Health and Human Services.
2. Drugs prescribed:
 - a) For weight loss or gain.
 - b) For infertility, frigidity, impotency, or sexual dysfunction.
 - c) For cosmetic purposes or hair growth.
 - d) To promote **tobacco** cessation, except as described on page G.1 under *Tobacco Cessation for Pregnant Women*.
3. OTC drugs when prescribed for a client residing in a skilled nursing facility.
4. Vitamins and mineral products, except those listed on page C.2.
5. Nutritional supplements such as shakes, bars, puddings, powders, etc.
6. A drug prescribed for an indication that is not evidence based as determined by:
 - a) MAA in consultation with federal guidelines; or
 - b) The Drug Use Review (DUR) Board; and
 - c) MAA medical consultants and pharmacist(s).
7. Drugs listed in the federal register as “**less than effective**” (**DESI drugs**) or which are identical, similar, or related to such drugs. (Refer to: <http://www.hcfa.gov/medicaid/drugs/> for a list of DESI drugs.)

8. Drugs that are:
 - a) Not approved by the Food and Drug Administration (FDA); or
 - b) Prescribed for non-FDA approved indications or dosing, unless prior authorized; or
 - c) Unproven for efficacy or safety.
9. Outpatient drugs for which the manufacturer requires as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or manufacturer's designee.
10. Drugs requiring prior authorization for which MAA authorization has been denied.
11. Preservatives, flavoring and/or coloring agents.
12. A drug with an obsolete National Drug Code (NDC) more than two years from the date the NDC is designated obsolete by the manufacturer.
13. Products or items that do not have an 11-digit NDC.
14. Less than a one-month supply of drugs for long-term therapy.
15. Nonpreferred drugs when a therapeutic equivalent is on the preferred drug list(s) (PDL) (see section N).
16. Less than a three-month supply of contraceptive patches, contraceptive rings, or oral contraceptives (excluding emergency contraceptive pills), unless otherwise directed by the prescriber.

MAA does not reimburse enrolled providers for:

1. Outpatient drugs, biological products, insulin, supplies, appliances, and equipment included in other reimbursement methods including, but not limited to:
 - a) Diagnosis-related group (DRG);
 - b) Ratio of costs-to-charges (RCC);
 - c) Nursing facility per diem;
 - d) Managed care capitation rates;
 - e) Block grants; or
 - f) Drugs prescribed for clients who are in MAA's hospice program when the drugs are related to the client's terminal condition.
2. Any drug regularly supplied as an integral part of program activity by other public agencies (e.g., immunization vaccines for children).
3. Prescriptions written on pre-signed prescription blanks filled out by skilled nursing facility operators or pharmacists. MAA may terminate the Core Provider Agreement of pharmacies involved in this practice.

4. Drugs used to replace those taken from skilled nursing facility emergency kits.
5. The cost differential between the least costly dosage form of a drug and a more expensive dosage form within the same route of administration, unless the prescriber designated the costlier dosage form as medically necessary.
6. Free pharmaceutical samples.
7. Drug products after the NDC termination date.
8. Drug products whose shelf life has expired.

MAA evaluates a request for a drug that is listed as noncovered under the provisions of WAC 388-501-0160 that relates to noncovered services. The request for a noncovered drug is called a “request for an exception to rule.” See WAC 388-501-0160 for information about exceptions to rule.

Is there a “Days Supply” limit? [Refer to WAC 388-530-1250]

Most drugs are limited to a 34-day supply.

Exceptions:

- Drugs where the smallest package size exceeds a 34-day supply;
- Drugs with special packaging instructions; or
- Any of the following:
 - ✓ Acetaminophen
 - ✓ Antacid tablets
 - ✓ Aspirin
 - ✓ Calcium Carbonate tablets
 - ✓ Calcium Gluconate tablets
 - ✓ Calcium Lactate tablets
 - ✓ Cyanocobalamin
 - ✓ Ferrous Fumarate tablets
 - ✓ Ferrous Gluconate tablets
 - ✓ Ferrous Sulfate tablets
 - ✓ Fluoride drops
 - ✓ Niacin tablets
 - ✓ Niacinamide tablets
 - ✓ Nitroglycerin buccal and sublingual tablets
 - ✓ Polyvitamin drops w/fluoride
 - ✓ Prenatal vitamins

- **Dispense at least a three-month supply:**
 - ✓ Estrogen Vaginal Ring;
 - ✓ Prescription Contraceptives (excluding emergency contraceptive pills, which are not subject to the at-least-three-month supply limitation):
 - Vaginal
 - Injectable
 - Oral
 - Transdermal

How many prescriptions are allowed per month if less than a 34-day supply is prescribed? [Refer to WAC 388-530-1250]

If less than a 34-day supply, no more than two prescriptions of the same drug are allowed in any calendar month. The third fill requires prior authorization.

Exceptions:

- Over the counter contraceptives; or
- Suicidal clients or clients at risk for potential drug abuse;
- Clients being monitored by prescriber (e.g., clozapine-see page G.2).

Four fills in a calendar month are allowed for the following drugs (fifth fill will require authorization):

1. Antibiotics
2. Anti-asthmatics
3. Schedule II & III drugs
4. Antineoplastic agents
5. Topical preparations
6. Propoxyphene, propoxyphene napsylate, and all propoxyphene combinations

Exception:

When a client has been on the medication longer than 90 days (the time defined as “chronic”) fill for a 34-day supply.

Therapeutic Consultation Service (TCS)

[Refer to WAC 388-530-1260]

Overview of TCS

MAA provides a complete drug profile review for each client when a drug claim for that client triggers a TCS consultation. The purpose of TCS is to facilitate the appropriate and cost-effective use of prescription drugs. MAA-designated clinical pharmacists review profiles in consultation with the prescriber or the prescriber's designee by telephone.

A TCS review occurs when a drug claim exceeds the four-brand-name-prescriptions-per-calendar-month limit.

Exception: Nonpreferred drugs do not count against the limit when an endorsing practitioner indicates dispense as written (DAW). However, if a nonendorsing practitioner indicates DAW for a nonpreferred drug, the nonpreferred drug counts against the limit and requires prior authorization, regardless of the DAW indication.

When a pharmacy provider submits a claim that exceeds the four-brand-name-prescriptions-per-calendar-month limit for a client, MAA generates a Point-of-Sale (POS) computer alert to notify the pharmacy provider that a TCS review is required. The computer alert provides a toll-free telephone number (866) 246-8504 to the pharmacy for the prescriber or prescriber's designee to call.

Drugs excluded from the four brand name prescription per calendar month review

Drugs excluded from the four brand name prescription per calendar month review:

- Antidepressants
- Antipsychotics
- Anticonvulsants
- Chemotherapy drugs
- Contraceptives
- HIV medications
- Immunosuppressants
- Hypoglycemia rescue agents
- Generic drugs
- Drugs on the Washington Preferred Drug List (PDL)

What should I do when I get a POS computer alert for a TCS review?

Important Reminders:

- Physicians may have their designee call (866) 246-8504 for TCS consultations.
- Physicians or their designees may call for TCS consultations during the following time periods (Pacific Time):

Monday through Friday	8:00 am to 6:00 pm
Saturday	8:00 am to 1:00 pm
- If the TCS consultation cannot take place because the prescriber or prescriber's designee is unavailable, the pharmacy provider has the option to dispense an emergency supply of the requested drug. (Refer to page C.9 for information on emergency dispensing.)
- Pharmacy staff must call 1-866-246-8504 for authorization to fill prescriptions written by emergency room physicians that trigger the TCS edits. Do not ask emergency room physicians to call TCS.
- As drugs are added to the Preferred Drug List, their Expedited Prior Authorization (EPA) codes are no longer valid.
- Prescribers are requested to provide their DEA numbers to pharmacies.
- Pharmacists must include the MAA provider number or prescriber's DEA on all MAA pharmacy claims.
- Prescriptions for clients residing in skilled nursing facilities are not subject to TCS edits. However, MAA may retrospectively review the clients' drug profiles.

Pharmacy Requirements:

- The pharmacy provider must notify the prescriber that the prescriber or prescriber's designee must call the TCS toll-free telephone number (866) 246-8504 to begin a TCS consultation. Emergency room physicians are not to be contacted; pharmacy staff must call TCS instead.

Prescriber Provider Requirements:

- When the pharmacy provider contacts the client's prescriber, the prescriber or prescriber's designee must call the TCS toll-free telephone number (866) 246-8504 to begin a TCS review.
- After the prescriber or prescriber's designee and the MAA-designated clinical pharmacist review the client's drug profile and discuss clinically sound options and cost-effective alternative drug(s), the prescriber(s) may choose to do one of the following:
 - ✓ Change the prescription to an alternative drug or preferred drug and contact the client's pharmacy with the new prescription; or
 - ✓ Provide the MAA designee with the medical justification and continue with the brand-name drug; or
 - ✓ Not agree to prescribe an alternative drug or preferred drug and not provide medical justification for the requested drug. In this case:
 - The MAA designee authorizes a one-month supply of the requested drug with no refills and sends the initiating prescriber a copy of the client's drug profile and a therapy authorization turnaround form.
 - The prescriber signs the therapy authorization turnaround form and returns it to the MAA designee.
 - Upon receipt of the therapy authorization turnaround form, the MAA designee authorizes the prescription for up to 12 months, depending on the legal life of the prescription.

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Special Programs/Services

Tobacco Cessation for Pregnant Women

The Medical Assistance Administration (MAA) reimburses eligible providers for including **tobacco** cessation counseling as part of an antepartum care visit or a postpregnancy office visit (which must take place within two months following live birth, miscarriage, fetal death, or pregnancy termination).

A provider may prescribe pharmacotherapy for **tobacco** cessation for a client when the provider considers the treatment appropriate for the client. MAA covers certain pharmacotherapy for **tobacco** cessation as follows:

- ✓ MAA covers Zyban® only;
- ✓ The product must be prescribed by a physician, ARNP, or physician assistant;
- ✓ The client for whom the product is prescribed must be 18 years of age or older;
- ✓ The pharmacy provider must obtain prior authorization from MAA when filling the prescription for pharmacotherapy; and
- ✓ The prescribing provider must include both of the following on the client's prescription:
 - The client's estimated or actual delivery date; and
 - Indicate that the client is participating in **tobacco** cessation counseling.

To obtain prior authorization for Zyban®, pharmacy providers must call:

Drug Utilization and Review
1-800-848-2842

Clozaril/Clozapine and Related Services

MAA reimburses pharmacists for Clozaril/Clozapine plus a dispensing fee.

Bill Clozaril/Clozapine using the appropriate NDC on either the POS system or the Pharmacy Statement [DSHS 13-714]. The DSHS 13-714 form is available for electronic download at: <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

Any licensed or registered pharmacist with clinical experience in monitoring patient mental and health status may provide and bill case coordination (medication management) for clients receiving Clozaril/Clozapine.

Persons providing case coordination serve as a focal point for the client's Clozaril/Clozapine therapy. All services must be documented and are subject to quality assurance review. Case coordinators are expected to:

- Coordinate a plan of care with the client or the client's caregiver, the prescriber, and the pharmacy;
- Assure services are provided to the client as specified in the plan of care;
- Assure weekly blood samples are drawn, blood counts are within normal range, and client is compliant with plan of care;
- Follow-up with the client on missed medical appointments;
- Maintain detailed, individual client records to document progress;
- Provide feedback to the prescriber on the client's progress, immediately report abnormal blood counts, and client non-compliance; and
- Assure smooth transition to a new case coordinator, when necessary.

Use the following procedure codes to bill for Clozaril/Clozapine related services on a HCFA-1500 claim form or the appropriate electronic format:

Procedure Code	Description	Reimbursement
36415	Routine Venipuncture	per RBRVS fee schedule
90862	Case Coordination	\$10 per week, per client
85022 ¹	Blood Count (CBC)	per RBRVS fee schedule



Note: Due to close monitoring requirements, MAA allows up to five (5) fills per month.

CPT™ is a registered trademark of the American Medical Association.
CPT® codes and descriptions are copyright 2004 American Medical Association.

¹ Can be billed by CLIA certified laboratories only.

Authorization

Authorization does not guarantee payment.

All administrative requirements (client eligibility, claim timeliness, etc.) must be met before MAA reimburses.

Who determines authorization status for drugs in MAA's drug file? [Refer to WAC 388-530-1200(1)]

MAA pharmacists, medical consultants, and the drug utilization review team evaluate drugs to determine authorization status on the drug file. MAA may consult with **an evidence-based practice center, the Drug Use Review (DUR) Board**, and/or participating MAA providers in this evaluation.

How are drugs added to MAA's drug list?

[Refer to WAC 388-530-1200(2)(3)]

Drug manufacturers who wish to facilitate the evaluation process for a drug product may send the MAA pharmacist(s) a written request and the following supporting documentation:

- Background data about the drug;
- Product package information;
- Any pertinent clinical studies;
- Outcome and effectiveness data using the Academy of Managed Care Pharmacy's drug review submission process; and
- Any additional information the manufacturer considers appropriate.

MAA evaluates a drug based on, but not limited to, the following criteria:

- Whether the manufacturer has signed a federal drug rebate contract agreement;
- Whether the drug is a less-than-effective drug;
- The drug's risk/benefit ratio;
- Whether like drugs are on MAA's drug file list and there are less costly therapeutic alternative drugs;
- Whether the drug falls into one of the categories authorized by federal law to be excluded from coverage;
- The drug's potential for abuse; and
- Whether outcome data demonstrate that the drug is cost effective.

Prior authorization/reject edit conflict codes

The following table indicates the type of Reject Edit/Conflict Code providers will receive if they submit a POS claim for a drug that requires a prior authorization (PA) number.

VERSION 5.1

REJECT EDIT/ CONFLICT CODE	REASON REJECTED	ACTION
3S Missing/invalid PA supporting documentation. PA Required	Drugs requiring expedited prior authorization.	Pharmacy must submit using appropriate EPA# or call MAA for PA.
75 PA Required	Medications that require prior authorization.	Pharmacy must call MAA for PA.

Prior authorization

When does MAA require prior authorization?

[Refer to WAC 388-530-1250(2)]

Pharmacists are required to obtain prior authorization for many drug products and items *before* providing them to the client. MAA reviews authorization requests for medical necessity. The requested service or item must be covered within the scope of the client's program.

Exception:

In emergent situations, pharmacists may fill prescription drugs that require authorization without an authorization number. Justification for the emergency fill must be provided to MAA no later than 72 hours after the fill date (excluding weekends and Washington State holidays).

How do I obtain prior authorization?

To obtain prior authorization for drug products requiring prior authorization, providers may:

- Fax MAA at (360) 725-2141; or
- Call MAA at (800) 848-2842 (option 1)

What information should a pharmacist have ready before calling MAA for an authorization number?

When calling for an authorization number, pharmacists must have the following information ready:

1. Previous prior authorization number, if available;
2. Pharmacy NABP #;
3. Client's Patient Identification Code (PIC);
4. National Drug Code (NDC) being dispensed;
5. Prescriber's name and specialty (if known);
6. Justification for the requested service. Describe the medical need for the drug and/or dosing and diagnosis or condition of the client;
7. Date(s) of dispense.

MAA may request additional information, depending on the drug product.

Drugs that do not require prior authorization

To view MAA's current list of
Drugs that do not require prior authorization
go to:

<http://maa.dshs.wa.gov/pharmacy>

If you do not have access to the Internet, you may obtain a hard copy of MAA's Drugs that do not require prior authorization by:

Emailing:

Provider Relations Unit
providerinquiry@dshs.wa.gov

Faxing:

Provider Relations Unit
(360) 586-1209

Writing to:

Provider Relations Unit
PO Box 45562
Olympia, WA 98504-5562

Calling:

Provider Relations Unit
(800) 562-6188

Follow the link above to view a list of drugs that **do not** require prior authorization. The list is provided in alphabetical order.

IMPORTANT: Products on this list are *subject to all other coverage rules*.

If the product **is not** listed, be sure to check the following **before** calling for prior authorization:

- Is the drug listed in MAA's Expedited Prior Authorization list?
- Check the participating drug rebate manufacturer list and verify effective date. If the manufacturer/labeler is not on the list or the manufacturer is terminated, the drug is **not** reimbursable by MAA. (*See list of exceptions in the Reimbursement section under Drug Rebate of these billing instructions.*)
- Is this drug included in the nursing facility per diem?
- Is the drug designated less-than-effective by FDA?
- Is the drug obsolete or terminated?

For drugs requiring authorization, refer to Prior Authorization – page H.3.

Drug	Code	Criteria
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Drug	Code	Criteria
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Abilify[®]
(aripiprazole)

015 All of the following must apply:

- a) There must be an appropriate DSM IV diagnosis; and
- b) Patient is 6 years of age or older.

Adderall[®]
(amphetamine/
dextroamphetamine)

026 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.

Accutane[®]
(isotretinoin)

Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be **absent**:

- a) Paraben sensitivity;
- b) Concomitant etretinate therapy; and
- c) Hepatitis or liver disease.

027 Diagnosis of narcolepsy by a neurologist or sleep specialist, following documented positive sleep latency testing and the prescriber is an authorized schedule II prescriber.

087 Depression associated with end stage illness and the prescriber is an authorized schedule II prescriber.

001 Diagnosis of severe (disfiguring), recalcitrant cystic acne, unresponsive to conventional therapy.

Adderall XR[®]
(amphetamine/
dextroamphetamine)

094 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and all of the following:

002 Diagnosis of severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy.

- a) The prescriber is an authorized schedule II prescriber; and
- b) Total daily dose is administered as a single dose.

003 Diagnosis of severe keratinization disorders when prescribed by, or in consultation with, a dermatologist.

004 Prevention of skin cancers in patients with xeroderma pigmentosum.

Adeks[®]
Multivitamins

102 For the treatment of malabsorption conditions, especially those conditions that inhibit the absorption of fat-soluble vitamins (such as cystic fibrosis, steatorrhea, hepatic dysfunction, and cases of HIV/AIDS with malabsorption concern) and all the following:

005 Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.

- a) Patient is under medical supervision; and
- b) Patient is not taking oral anticoagulants; and
- c) Patient does not have a history of or is not at an increased risk for stroke/thrombosis.

Drug	Code	Criteria
Aggrenox® (aspirin/ dipyridamole)	037	To reduce the risk of stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis, and all of the following: a) The patient has tried and failed aspirin or dipyridamole alone; and b) The patient has no sensitivity to aspirin.
Altace® (ramipril)	020	Patients with a history of cardiovascular disease.
Ambien® (zolpidem tartrate)	006	Short-term treatment of insomnia. Drug Therapy is limited to 10 in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can be continued.
Angiotensin Receptor Blockers (ARBs)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor. Atacand® (candesartan cilexetil) Atacand HCT® (candesartan cilexetil/HCTZ) Avalide® (irbesartan/HCTZ) Avapro® (irbesartan) Benicar® (olmesartan medoxomil) Cozaar® (losartan potassium) Diovan® (valsartan) Diovan HCT® (valsartan/HCTZ) Hyzaar® (losartan potassium/HCTZ) Micardis® (telmisartan) Micardis HCT® (telmisartan/HCTZ) Teveten® (eprosartan mesylate) Teveten HCT® (eprosartan mesylate/HCTZ)
Anzemet® (dolasetron mesylate)	127	Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.

Drug	Code	Criteria
Arava® (leflunomide)	034	Treatment of rheumatoid arthritis when prescribed by a rheumatologist at a loading dose of 100mg per day for three days and then up to 20mg daily thereafter.
Avinza® (morphine sulfate)	040	Diagnosis of cancer-related pain.
Calcium w/Vitamin D Tablets	126	Confirmed diagnosis of osteoporosis, osteopenia or osteomalacia.
Clozapine Clozaril®	018	All of the following must apply: a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and b) Patient is 17 years of age or older; and c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above.
Concerta® (methylphenidate HCl)	026	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.
Copegus® (ribavirin)	010	Diagnosis of chronic hepatitis C virus infection in patients 18 years of age or older. Patient must be on concomitant alpha interferon or pegylated alpha interferon therapy (not to be used as monotherapy).
Coreg® (carvedilol)	057	Diagnosis of congestive heart failure.

Drug	Code	Criteria
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Drug	Code	Criteria
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Dexedrine® (D-amphetamine sulfate)		See criteria for Adderall®.
Dextrostat® (D-amphetamine sulfate)		See criteria for Adderall®.
Duragesic® (fentanyl)	040	Diagnosis of cancer-related pain.
Enbrel® (etanercept)	017	Treatment of rheumatoid arthritis or ankylosing spondylitis when prescribed by a rheumatologist up to 50mg subcutaneously per week for patients who have had an inadequate response to one or more Disease Modifying Anti Rheumatoid Drug (DMARD).
	024	Treatment of psoriatic arthritis when prescribed by a rheumatologist or dermatologist up to 50mg subcutaneously per week for patients who have had an inadequate response to one or more DMARD.
	025	Treatment of plaque psoriasis in patients 18 years of age and older when prescribed by a rheumatologist or dermatologist. Dose not to exceed 50mg subcutaneously twice weekly for the first three months of therapy and not to exceed 50mg weekly thereafter.
Fazaclo® (clozapine)	012	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and b) Patient is 18 years of age or older; and c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above; and d) Must have tried and failed generic clozapine.

Focalin® (dexamethylphenidate HCl)		See criteria for Concerta®.
Geodon® (ziprasidone HCl)	046	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.



Note: Because Geodon® prolongs the QT interval (< Seroquel® > Risperdal® > Zyprexa®), it is contraindicated in patients with a known history of QT prolongation (including a congenital long QT syndrome), with recent acute myocardial infarction, or with uncompensated heart failure; and in combination with other drugs that prolong the QT interval.

Glycolax Powder® (polyethylene glycol)	021	Treatment of occasional constipation. Must have tried and failed a less costly alternative.
Humira Injection® (adalimumab)	028	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every two weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.
Infergen® (interferon alfacon-1)	134	Treatment of chronic hepatitis C in patients 18 years of age and older with compensated liver disease who have anti-HCV serum antibodies and/or presence of HCV RNA.
Intron A® (interferon alpha-2b recombinant)	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	031	Diagnosis of recurring or refractory condyloma acuminata (external genital/perianal area) for intralesional treatment in patients 18 years of age and older.
	032	Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.

Prescription Drug Program

Drug	Code	Criteria
	033	Diagnosis of chronic hepatitis B in patients 1 year of age and older.
	107	Diagnosis of malignant melanoma in patients 18 years of age and older.
	109	Treatment of chronic hepatitis C in patients 18 years of age and older.
	135	Diagnosis of follicular non-Hodgkin's lymphoma in patients 18 years of age and older.
Kadian® (morphine sulfate)	040	Diagnosis of cancer-related pain.
Kineret Injection® (anakinra)	029	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients 18 years of age and older who have tried and failed one or more DMARD. Daily dose not to exceed 100mg subcutaneously.
Kytril® (granisetron HCl)	127	Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.
	128	Prevention of nausea or vomiting associated with radiation therapy.
Lamisil® (terbinafine HCl)		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; or
	052	Patient is immunocompromised.
Levorphanol	040	Diagnosis of cancer-related pain.

Drug	Code	Criteria
Lotrel® (amlodipine besylate/benazepril)	038	Treatment of hypertension as a second line agent when blood pressure is not controlled by any: a) ACE inhibitor alone; <u>or</u> b) Calcium channel blocker alone; <u>or</u> c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.
Marinol® (dronabinol)	035	Diagnosis of cachexia associated with AIDS
	036	Diagnosis of cancer and failure of all other drugs to adequately treat nausea and vomiting related to radiation or chemotherapy.
Metadate CD® (methylphenidate HCl)		See criteria for Concerta®.
Miralax® (polyethylene glycol)		See criteria for Glycolax Powder®
Naltrexone		See criteria for ReVia®.
Nephrocaps®	096	Treatment of patients with renal disease.
Nephro-FER® (ferrous fumarate/folic acid)		
Nephro-Vite® Vitamin B comp W-C)		
Nephro-Vite RX® (folic acid/vitamin B comp W-C)		
Nephro-Vite+FE® (fe fumarate/FA/vitamin B comp W-C)		
Nephron FA® (fe fumarate/doss/FA/B comp & C)		

Drug	Code	Criteria
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Drug	Code	Criteria
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Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) 141 An absence of a history of ulcer or gastrointestinal bleeding.

Ansaïd® (flurbiprofen)
 Arthrotec® (diclofenac/misoprostol)
 Bextra® (valdecoxib)
 Cataflam® (diclofenac)
 Celebrex® (celecoxib)
 Clinoril® (sulindac)
 Daypro® (oxaprozin)
 Feldene® (piroxicam)
 Ibuprofen
 Indomethacin
 Lodine®, Lodine XL® (etodolac)
 Meclofenamate
 Mobic® (meloxicam)
 Nalfon® (fenoprofen)
 Naprelan®, Naprosyn® (naproxen)
 Orudis®, Oruvail® (ketoprofen)
 Ponstel® (mefenamic acid)
 Relafen® (nabumetone)
 Tolectin® (tolmetin)
 Toradol® (ketorolac)
 Voltaren® (diclofenac)

OxyContin® 040 Diagnosis of cancer-related pain.
 (oxycodone HCl)

Parcopa® 049 Diagnosis of Parkinson's disease and one of the following:
 (carbidopa/levodopa)

- a) Must have tried and failed generic carbidopa/levodopa; or
- b) Be unable to swallow solid oral dosage forms.

PEG-Intron® 109 Treatment of chronic hepatitis C in patients 18 years of age or older.
 (peginterferon alpha 2b)

Pegasys® 109 Treatment of chronic hepatitis C in patients 18 years of age or older.
 (peginterferon alpha-2a)

Plavix® 116 When used in conjunction with stent placement in coronary arteries. Supply limited to 9 months after stent placement.
 (clopidogrel bisulfate)

Oxandrin® Before any code is allowed, there must be an absence of all of the following:
 (oxandrolone)

- a) Hypercalcemia;
- b) Nephrosis;
- c) Carcinoma of the breast;
- d) Carcinoma of the prostate; and
- e) Pregnancy.

110 Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.

111 To compensate for the protein catabolism due to long-term corticosteroid use.

112 Treatment of bone pain due to osteoporosis.

136 For use in patients with atherosclerosis documented by recent myocardial infarction, recent stroke, or established peripheral artery disease and have failed aspirin. A patient that is considered an aspirin failure has had an atherosclerotic event (MI, stroke, intermittent claudication) after the initiation of once-a-day aspirin therapy.

Pravachol® 039 Patient has a clinical drug-drug interaction with other statin-type cholesterol-lowering agents.
 (pravastatin sodium)

Prevacid® Solutab 050 Inability to swallow oral tablets or capsules.
 (lansoprazole)

Pulmozyme® 053 Diagnosis of cystic fibrosis and the patient is 5 years of age or older.
 (dornase alpha)

Drug	Code	Criteria
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Drug	Code	Criteria
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Rebetol® (<i>ribavirin</i>)		See criteria for Copegus®.
Rebetron® (<i>ribavirin/interferon alpha-2b, recombinant</i>)	008	Treatment of chronic hepatitis C in patients with compensated liver disease who have relapsed following alpha interferon therapy.
	009	Treatment of chronic hepatitis C in patients with compensated liver disease.
Remicade Injection® (<i>infliximab</i>)	022	Treatment of rheumatoid arthritis in combination with methotrexate when prescribed by a rheumatologist in those patients who have had an inadequate response to methotrexate alone.
	023	Treatment of Crohn's disease when prescribed by a gastroenterologist in those patients who have tried and failed conventional therapy.
Rena-Vite® Rena-Vite RX® (<i>folic acid/vit B comp W-C</i>)	096	Treatment of patients with renal disease.
ReVia® (<i>naltrexone HCl</i>)	067	<p>Diagnosis of past opioid dependency or current alcohol dependency.</p> <p>Must be used as adjunctive treatment within a state-certified chemical dependency treatment program. For maintenance of opioid-free state in a detoxified person, treatment may be started only after a minimum of 7-10 days free from opioid use. Treatment period must be limited to 12 weeks or less, and the patient must have an absence of all of the following:</p> <ul style="list-style-type: none"> a) Acute liver disease; and b) Liver failure; and c) Pregnancy.



Note: A ReVia® (Naltrexone) Authorization Form [DSHS 13-677] must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:**
<http://www1.dshs.wa.gov/msa/forms/eforms.html>

Ribavirin		See criteria for Copegus®.
Risperdal® (<i>risperidone</i>)	054	<p>All of the following must apply:</p> <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.
Ritalin LA® (<i>methylphenidate HCl</i>)		See criteria for Concerta®.
Roferon-A® (<i>interferon alpha-2a recombinant</i>)	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	032	Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.
	080	Diagnosis of chronic phase, Philadelphia chromosome (Ph) positive chronic myelogenous leukemia (CML) when treatment started within one year of diagnosis.
	109	Treatment of chronic hepatitis C in patients 18 years of age and older.
Seroquel® (<i>quetiapine fumarate</i>)		See criteria for Risperdal®.
Sonata® (<i>zaleplon</i>)		See criteria for Ambien®.

Drug	Code	Criteria
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Drug	Code	Criteria
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Soriatane® 064 Treatment of severe, recalcitrant psoriasis in patients **16** years of age and older. Prescribed by, or in consultation with, a dermatologist, and the patient must have an **absence** of all of the following:

- a) Current pregnancy or pregnancy which may occur while undergoing treatment; and
- b) Hepatitis; and
- c) Concurrent retinoid therapy.

Sporanox® Must not be used for a patient with cardiac dysfunction such as congestive heart failure.

(itraconazole)

047 Treatment of systemic fungal infections and dermatomycoses.

Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:

042 Diabetic foot;

043 History of cellulitis secondary to onychomycosis **and** requiring systemic antibiotic therapy;

051 Peripheral vascular disease; **or**

052 Patient is immunocompromised.

Strattera® 007 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD).

(atomoxetine HCl)

Suboxone® 019
(buprenorphine/naloxone)

Before this code is allowed, the patient must meet all of the following criteria. The patient:

- a) Is **16** years of age or older;
- b) Has a DSM-IV-TR diagnosis of opioid dependence;
- c) Is psychiatrically stable or is under the supervision of a mental health specialist;
- d) Is not abusing alcohol, benzodiazepines, barbiturates, or other sedative-hypnotics;
- e) Is not pregnant or nursing;
- f) Does not have a history of failing multiple previous opioid agonists treatments and multiple relapses;
- g) Does not have concomitant prescriptions of azole antifungal agents, macrolide antibiotics, protease inhibitors, phenobarbital, carbamazepine, phenytoin, and rifampin, unless dosage adjusted appropriately; and
- h) Is enrolled in a state-certified chemical dependency treatment program.

Limitations:

- No more than 14-day supply may be dispensed at a time;
- Urine drug screens for benzodiazepines, amphetamine/methamphetamine, cocaine, methadone, opiates, and barbiturates must be done before each prescription is dispensed. The prescriber must fax the pharmacy with confirmation that the drug screen has been completed to release the next 14-day supply. The fax must be retained in the pharmacy for audit purposes;
- Liver function tests must be monitored periodically to guard against buprenorphine-induced hepatic abnormalities; and

Drug	Code	Criteria
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- Clients may receive up to 6 months of buprenorphine treatment for detoxification and stabilization.



Note: A Buprenorphine-Suboxone Authorization Form (DSHS 13-720) must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:**

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

Symbyax® (olanzapine/ fluoxetine HCl)	048	All of the following must apply: a) Diagnosis of depressive episodes associated bipolar disorder; and b) Patient is 6 years of age or older.
Talacen® (pentazocine HCl/ acetaminophen) Talwin NX® (pentazocine/naloxone)	091	Patient must be 12 years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine.
Vancomycin oral	069	Diagnosis of clostridium difficile toxin and the patient has failed to respond after two days of metronidazole treatment or the patient is intolerant to metronidazole.
Vitamin ADC Drops	093	The child is breastfeeding and: a) The city water contains sufficient fluoride to contraindicate the use of Trivits w/FI; and b) The child is taking medications which require supplemental Vitamin D, as determined medically necessary by the prescriber and cannot be obtained by any other source.

Drug	Code	Criteria
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Vitamin E	105	Confirmed diagnosis of tardive dyskinesia or is clinically necessary for Parkinsonism and all of the following: a) Caution is addressed for concurrent anticoagulant treatment; and b) Dosage does not exceed 3,000 IU per day.
Wellbutrin SR and XL® (bupropion HCl)	014	Treatment of depression.
Xopenex® (levalbuterol HCl)	044	All of the following must apply: a) Patient is 6 years of age or older; and b) Diagnosis of asthma, reactive airway disease, or reversible airway obstructive disease; and c) Must have tried and failed racemic generic albuterol; and d) Patient is not intolerant to beta-adrenergic effects such as tremor, increased heart rate, nervousness, insomnia, etc.
Zelnorm® (tegaserod hydrogen maleate)	055	Treatment of constipation dominant Irritable Bowel Syndrome (IBS) in women when the patient has tried and failed at least two less costly alternatives.
	056	Chronic constipation when the patient has tried and failed at least two less costly alternatives.
Zofran® (ondansetron HCl)		See criteria for Kytril®.
Zometa® (zoledronic acid)	011	Diagnosis of hypercalcemia associated with malignant neoplasms with or without metastases; or multiple myeloma; or bone metastases of solid tumors.

Drug	Code	Criteria
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Drug	Code	Criteria
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Zyprexa[®]
Zyprexa Zydis[®]
(olanzapine)

See criteria for Risperdal[®].

**Zyvox
Injectable[®]**
(linezolid)

013 Treatment of vancomycin resistant infection.

**Zyvox
Oral[®]**
(linezolid)

013 Treatment of vancomycin resistant infection.

016 Outpatient treatment of methacillin resistant staph aureaus (MRSA) infections when IV vancomycin is contraindicated, such as:

- a) Allergy; or
- b) Inability to maintain IV access.

Limitation extensions (LE)

What is a Limitation Extension?

A Limitation Extension (LE) is a request to exceed stated limitations or other restrictions on covered services. LE is a form of prior authorization. MAA evaluates a request for covered services that are subject to limitations or restrictions, and approves such services beyond those limitations or restrictions when medically necessary, under the standard for covered services in WAC 388-501-0165. Providers must be able to verify that it is medically necessary to provide more units of prescription drugs than allowed in MAA's billing instructions and Washington Administration Code (WAC).

Requests for limitation extensions must be appropriate to the client's eligibility and/or program limitations. Not all eligibility groups cover all services.

How do I get LE authorization?

Limitation extensions may be requested by calling MAA's Drug Utilization and Review at 1-800-848-2842.

Limitation Extensions DO NOT APPLY to noncovered prescription drugs. See page C.4 for information on Exception to Rule.

 **BILLING:**

Hard copy billers must enter one of the following comments in the *Justification/Comments* field on the Pharmacy Statement [DSHS 13-714].

**Prescribed by Family Planning Agency
Prescribed by Community Mental Health Center; or
Prescribed by Health Department**

Point-of-Sale billers must enter “2” in the *Claim Segment, Prior Authorization Type Code* field.

Family Planning Only and TAKE CHARGE clients

Clients on the Family Planning Only or TAKE CHARGE Programs are identified by the statement “Family Planning Only” or “TAKE CHARGE” on their DSHS Medical ID card.

Qualified agencies may prescribe family planning related drugs for sexually transmitted diseases (STD) (excluding HIV), abortion-related drugs, and prescription contraceptives within the following therapeutic drug classes:

Analgesics
Antibiotics
Anti-emetics
Antifungals
Anti-infectives
Anti-inflammatories
Contraceptive drugs/devices
Oxytocics

Skilled Nursing Facility clients

Over-the-Counter (OTC) Drugs

MAA does not reimburse for OTC drugs when the client resides in a skilled nursing facility **unless the drugs are on the Washington Preferred Drug List (see section N)**. Reimbursement for OTC drugs is included in the skilled nursing facility per diem.

Medications for skilled nursing facility clients on leave

Skilled nursing facility clients on leave should have their additional maintenance prescriptions filled for the duration of the leave. If client leaves weekly, prescriptions should be filled for a one-month supply.

Skilled nursing facilities should determine which of the following methods will be followed when a skilled nursing facility client goes on leave:

- The client may take the prescription medication home and keep it there for use during skilled nursing facility absences; or
- The client may return the prescription medication to the skilled nursing facility following each leave so that it may be stored for safekeeping. The prescription medication is the client's personal property.

Both of these practices are in accord with state pharmaceutical regulations.

BILLING:

Hard copy billers must indicate “weekend pass” or “take home/leave supply” in the *Justification/Comments* field on the Pharmacy Statement [DSHS 13-714].

Point-of-Sale billers: Enter “8” in the *Claim Segment, Prior Authorization Type Code* field.

Washington Preferred Drug List

What is the Washington Preferred Drug List?

MAA, in coordination with the Health Care Agency (HCA) and Labor & Industries (L & I), have developed a list of preferred drugs within a selected therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness.

MAA requires pharmacies to obtain prior authorization for:

- Nonpreferred drugs when a therapeutic equivalent is on the preferred drug list(s) (PDL); or
- Less than a three-month supply of contraceptive patches, contraceptive rings, or oral contraceptives (excluding emergency contraceptive pills), unless otherwise directed by the prescriber.



Note: MAA changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example: “Cardizem® /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms. A hyphen (-) is used to indicate combination products. For example: “Benazepril-HCTZ” represents the combination product of Benazepril and Hydrochlorothiazide, rather than Benazepril AND the combination product.

Drug Class	Preferred Drugs	Non-preferred Drugs
ACE Inhibitors	Generic: Captopril Enalapril Lisinopril Benazepril Brand: Altace® (<i>ramipril</i>)* *EPA required	Brand: Accupril® (<i>quinapril</i>) Aceon® (<i>perindopril</i>) Capoten® (<i>captopril</i>) Mavik® (<i>trandolapril</i>) Monopril® (<i>fosinopril</i>) Prinivil® (<i>lisinopril</i>) Univasc® (<i>moexipril</i>) Vasotec® (<i>enalapril</i>) Zestril® (<i>lisinopril</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	Generic: Atenolol Metoprolol Nadolol Pindolol Propranolol /ER Timolol Brand: Coreg® (<i>carvedilol</i>)* *EPA required	Generic: Acebutolol Betaxolol Bisoprolol Labetalol Brand: Blocadren® (<i>timolol</i>) Cartrol® (<i>carteolol</i>) Corgard® (<i>nadolol</i>) Inderal® /LA®(<i>propranolol</i>) Innopran XL® (<i>propranolol</i>) Kerlone® (<i>betaxolol</i>) Levatol® (<i>penbutolol</i>) Lopressor® (<i>metoprolol</i>) Normodyne® (<i>labetalol</i>) Sectral® (<i>acebutolol</i>) Tenormin® (<i>atenolol</i>) Toprol XL® (<i>metoprolol succinate</i>) Trandate® (<i>labetalol</i>) Visken® (<i>pindolol</i>) Zebeta® (<i>bisoprolol</i>)
Calcium Channel Blockers	Generic: Diltiazem /XR Nifedipine XR Verapamil /XR Brand: Norvasc® (<i>amlodipine</i>)	Generic: felodipine nicardipine Brand: Adalat® /CC (<i>nifedipine</i>) Calan® /SR (<i>verapamil</i>) Cardene® /SR (<i>nicardipine</i>) Cardizem® /CD/LA/SR (<i>diltiazem</i>) Cartia XT® (<i>diltiazem</i>) Dilacor® XR (<i>diltiazem</i>) Diltia XT® (<i>diltiazem</i>) DynaCirc® /CR (<i>isradipine</i>) Isoptin® /SR (<i>verapamil</i>) Plendil® (<i>felodipine</i>) Procardia® /XL (<i>nifedipine</i>) Sular® (<i>nisoldipine</i>) Taztia XT® (<i>diltiazem</i>) Tiazac® (<i>diltiazem</i>) Vascor® (<i>bepidil</i>) Verelan® /PM (<i>verapamil</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	Generic: Estradiol tablets Brand: Menest® (<i>esterified estrogens</i>) Premarin® cream (<i>conjugated equine estrogen vaginal cream</i>)	Brand: Cenestin® (<i>synthetic conjugated estrogens</i>) Climara® (<i>estradiol</i>) transdermal Esclim® (<i>estradiol</i>) transdermal Estrace® (<i>estradiol</i>) oral/vaginal Estraderm® transdermal Estring® (<i>estradiol</i>) vaginal ring Femring® (<i>estradiol</i>) vaginal ring Ogen® (<i>estropipate</i>) Premarin® (<i>conjugated estrogens</i>) oral Vagifem® (<i>estradiol</i>) vaginal tablets Vivelle-DOT® (<i>estradiol</i>) transdermal
Histamine-2 Receptor Antagonist (H2RA) (*Not subject to TIP. See pg. M.1.)	Generic: Ranitidine	Generic: Famotidine Nizatidine Cimetidine Brand: Zantac® (<i>ranitidine</i>) Pepcid® (<i>famotidine</i>) Axid® (<i>nizatidine</i>) Tagamet® (<i>cimetidine</i>)
Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)	Generic: Methadone Morphine sulfate SA/SR Oramorph SR	Generic: Levorphanol Oxycodone ER Brand: Avinza® (<i>morphine sulfate</i>) Duragesic® (<i>fentanyl</i>) transdermal Kadian® (<i>morphine sulfate SR</i>) Levo-Dromoran® (<i>levorphanol</i>) MS Contin® (<i>morphine sulfate</i>) OxyContin® (<i>oxycodone</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Non-Sedating Antihistamines (*Not subject to TIP. See pg. M.1.)	All loratadine or loratadine/pseudoephedrine OTC products	Brand: Clarinet® (<i>desloratadine</i>) tablets/syrup Claritin® Rx (<i>loratadine</i>) tablets/reditabs/syrup Claritin-D® (<i>loratadine/p-ephed</i>) tablets Allegra® (<i>fexofenadine</i>) tablets Allegra-D® (<i>fexofenadine/p-ephed</i>) Zyrtec® (<i>cetirizine</i>) tablets/syrup
Nonsteroidal anti-inflammatory drugs (NSAID) Cyclo-oxygenase - 2 (Cox-II) Inhibitors	Generic: Diclofenac potassium Diclofenac sodium Etodolac /XL Fenoprofen Flurbiprofen Ibuprofen Indomethacin Ketoprofen Nabumetone Naproxen sodium Oxaprozin Piroxicam Salsalate Sulindac Tolmetin	Brand: Anaprox® /DS (<i>naproxen sodium</i>) Ansaid® (<i>flurbiprofen</i>) Bextra® (<i>valdecoxib</i>) Cataflam® (<i>diclofenac potassium</i>) Celebrex® (<i>celecoxib</i>) Clinoril® (<i>sulindac</i>) Daypro® (<i>oxaprozin</i>) Feldene® (<i>piroxicam</i>) Lodine® /XL (<i>etodolac</i>) Mobic® (<i>meloxicam</i>) Motrin® (<i>ibuprofen</i>) Naprelan® (<i>naproxen</i>) Naprosyn® /DS (<i>naproxen</i>) Orudis® (<i>ketoprofen</i>) Oruvail® (<i>ketoprofen</i>) Relafen® (<i>nabumetone</i>) Salflex® (<i>salsalate</i>) Voltaren® /XL (<i>diclofenac sodium</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Insulin-release stimulant type oral hypoglycemics	Generic immediate release: Glyburide Glipizide	Generic: Chlorpropamide Tolazamide Tolbutamide Glipizide XR Glyburide micronized Brand: Amaryl® (<i>glimepiride</i>) Diabinese® (<i>chlorpropamide</i>) DiaBeta® (<i>glyburide</i>) Glucotrol® /XR (<i>glipizide</i>) Glynase® (<i>glyburide micronized</i>) Tolinase® (<i>tolazamide</i>) Micronase® (<i>glyburide micronized</i>) Orinase® (<i>tolbutamide</i>) Prandin® (<i>repaglinide</i>) Starlix® (<i>nateglinide</i>)
Proton Pump Inhibitors	Brand: Prilosec OTC® (<i>omeprazole</i>)tablets Prevacid® (<i>lansoprazole</i>) capsules/powder Prevacid® SoluTab (<i>lansoprazole</i>)* *EPA required	Generic: Omeprazole Rx Brand: Aciphex® (<i>rabeprazole</i>) Nexium® (<i>esomeprazole</i>) Prilosec® Rx (<i>omeprazole</i>) Protonix® (<i>pantoprazole</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Skeletal Muscle Relaxants	Generic: Baclofen Cyclobenzaprine Methocarbamol	Generic: Carisoprodol Orphenadrine Tizanidine Chlorzoxazone Brand: Dantrium® (<i>dantrolene</i>) Flexeril® (<i>cyclobenzaprine</i>) Lioresal® (<i>baclofen</i>) Norflex® (<i>orphenadrine</i>) Parafon Forte® (<i>chlorzoxazone</i>) Robaxin® (<i>methocarbamol</i>) Skelaxin® (<i>metaxalone</i>) Soma® (<i>carisoprodol</i>) Zanaflex® (<i>tizanidine</i>)
Statin-type cholesterol-lowering agents	Generic: Lovastatin Brand: Lipitor® (<i>atorvastatin</i>) Pravachol® (<i>pravastatin</i>)	Brand: Lescol® /XL (<i>fluvastatin</i>) Mevacor® (<i>lovastatin</i>) Zocor® (<i>simvastatin</i>)
Triptans	Brand: Amerge® (<i>naratriptan</i>) Axert® (<i>almotriptan</i>) Imitrex® injection (<i>sumatriptan</i>) Imitrex® nasal spray (<i>sumatriptan</i>) Imitrex® tablets (<i>sumatriptan</i>) Zomig® /ZMT (<i>zolmitriptan</i>) Zomig® nasal spray (<i>zolmitriptan</i>)	Brand: Frova® (<i>frovatriptan</i>) Maxalt® (<i>rizatriptan</i>) Maxalt MLT® (<i>rizatriptan</i>) Relpax® (<i>eletriptan</i>)
Urinary Incontinence	Generic immediate release: Oxybutynin tablets/syrup	Brand: Detrol® /LA (<i>tolterodine</i>) Ditropan® /XL (<i>oxybutynin</i>) syrup Oxytrol® (<i>oxybutynin</i>) transdermal Urispas® (<i>flavoxate</i>)